



Washington State Plan

Amended August 2003

**October 1, 2001 through
September 30, 2006**



State Plan Amended August 2003

**Federal Fiscal Years 2002-2006
October 1, 2001 through September 30, 2006**

Submitted to:

Administration on Developmental Disabilities
Administration on Children and Families
US Department of Health and Human Services
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- ❖ People with developmental disabilities, family members, and service providers who participated in the development of this Plan;
- ❖ Council members who worked long and hard to develop priorities, set performance targets, and establish a budget;
- ❖ State agency and disability organization staff who provided information for use in this plan; and
- ❖ Council staff who gathered information, reviewed reports, discussed the ideas included in the Plan, wrote and edited the Plan.

Thank you in advance to all the agencies, organizations, and individuals who will be partners with the Developmental Disabilities Council in the implementation of this Plan.

TABLE OF CONTENTS

SECTION I – Council Identification	1
SECTION II – Designated State Agency	4
SECTION III – State Service System and Trends	5
A. Prevalence of Developmental Disabilities in the State	5
B. Environmental Factors	5
C. The State Service System	8
D. Community Services and Opportunities	11
E. Waiting Lists	12
F. Unserved and Underserved Groups	13
SECTION IV – Goals and Performance Targets	15
Child Care	15
Education and Early Intervention	16
Employment	18
Health	19
Housing	20
Other Supports – Formal and Informal Community Supports	21
Quality Assurance	23
Transportation	27
SECTION V – Projected Council Budget	28
SECTION VI – Public Review of the Plan	28
SECTION VII – Evaluation Plan	29
APPENDIX - Materials Reviewed for Development of the Plan	i

Note: August 2003 changes to the State Plan are on pages 1, 2, 3, 17, 20, 21, 24, 25 and 28. Words deleted are in strike-through: new words are in bold type.

SECTION I: COUNCIL IDENTIFICATION

Washington State Developmental Disabilities Council
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Executive Director: Ed Holen
Chair: George Walker

The Washington State Developmental Disabilities Council was established April 27, 1976 by Executive Order 96-06. Council membership is described on the following page.

The Council employs eight full-time staff members:

Ed Holen	Executive Director
Clare Billings	Program Manger, Planning, Budget & Projects
Donna Patrick	Program Manager, Legislative Liaison
Stephanie Benfield	Program Coordinator, Contracts
Eva Rooks	Program Coordinator, Research & Projects
Cathy Townley	Program Assistant, Membership
Linda Walling	Secretary Administrative
Phillip Rasmussen	Receptionist

Note: If you have any questions about this plan, please contact the Developmental Disabilities Council at 1-800-634-4473 or edh@cted.wa.gov.

Developmental Disabilities Council Membership – August 2003

Name	Position/Agency	Appointment Dates	Designee (Alternate)
George Walker	Chair, Parent	6/30/97 - 6/30/2030	NA
William Anderson	Parent of individual in institution	10/14/99 - 6/30/03	NA
Kim Blume	Parent	3/30/01 - 6/30/06	NA
Joelle Brouner	Self-Advocate	7/1/01 - 6/30/06	NA
Tracie Day	Parent	10/15/99 - 6/30/05	NA
William “BJ” Flaherty	Self-Advocate	10/15/99 - 6/30/05	NA
Lori Flood	Parent	8/7/02 – 6/30/05	NA
Vicki Foster	Self-Advocate	7/2/02 - 6/30/05	NA
Suzanne Gries	Parent	8/7/02 – 6/30/05	NA
Ronnie Hacken	Family member	10/15/99 - 6/30/04	NA
Mike Hatch	Other	8/7/02 – 6/30/05	NA
Sherri Huwe	Parent	8/7/02 – 6/30/05	NA
Alphonso Lee	Service Provider	6/30/99 - 6/30/06	NA
Clara Link	Self-Advocate	6/30/02 – 6/30/05	NA
Sara McQueed	Self-Advocate	8/7/03 – 6/30/06	NA
Michel Raymond	Self-Advocate	8/7/02 – 6/30/05	NA
Lenora Shaw	Parent	6/30/99 - 6/30/05	NA
Mary Jo Sizemore	Self-Advocate	6/30/02 – 6/30/05	NA
Melinda Sperline	Parent	6/30/98 - 6/30/04	NA

Name	Position/Agency	Appointment Dates	Designee (Alternate)
Rita Wang	Parent	6/30/98 - 6/30/04	NA
Julie Williamson-Purdy	Self-Advocate	6/30/99 - 6/30/05	NA
Diana Zottman	Family Member	6/30/99 - 6/30/05	NA
Mark Stroh	Washington Protection and Advocacy System	(see note below)	Phil Jordon
Linda Rolfe	Division of Developmental Disabilities, DSHS		Janet Adams
Karl Brimmer	Mental Health Division		
Michael Guralnick	University Center for Excellence, Center on Human Development and Disability, University of Washington		Sherrie Brown
Martha Choe	Department of Community, Trade and Economic Development		Marijo Olson
Uma Ahluwalia	Children's Administration, DSHS		
Mary Selecky	Department of Health		Angie Gibson
Doug Gill	Office of Superintendent of Public Instruction (Individuals with Disabilities Education Act)		Lou Colwell
Kathy Leitch	Aging and Adult Services Administration, DSHS (Older American Act)		Patty McDonald

Name	Position/Agency	Appointment Dates	Designee (Alternate)
Michael O'Brien	Division of Vocational Rehabilitation, DSHS (Rehabilitation Act)		Lee Ruddy
J. Doug Porter	Medical Assistance Administration, DSHS (Title XIX)		Diana McMaster

Notes: Agency Representatives are considered ex-officio and do not have start and end appointment dates.
DSHS = Department of Social and Health Services

SECTION II: DESIGNATED STATE AGENCY (DSA)

The Department of Community, Trade and Economic Development (CTED) has been the Designated State Agency (DSA) for the Washington State Developmental Disabilities Council since May 1, 1985. The DSA Official is Martha Choe, Director. CTED does not provide or pay for direct services to persons with developmental disabilities.

A Memorandum of Understanding is in place that describes the relationship between CTED and the Council. Budget, fiscal, and monthly financial management review services are provided through CTED staff assigned to support the Council. General management, personnel and other supports are provided through the Assistant Director of the Community Services Division.

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SECTION III: STATE SERVICE SYSTEM AND TRENDS

Abbreviations used in this section:

ADA = Americans with Disabilities Act

DD = Developmental Disabilities

DDC = Washington State Developmental Disabilities Council

DDD = Division of Developmental Disabilities, DSHS

DSHS = Department of Social and Health Services

DVR = Division of Vocational Rehabilitation, DSHS

IDEA = Individuals with Disabilities Education Act

P&A = Washington State Protection and Advocacy System

TANF = Temporary Aid to Needy Families ("welfare")

A. Prevalence of Developmental Disabilities in the State

There are approximately 107,548 people with developmental disabilities living in Washington State. This is based on April 1, 2001 population estimate from the state Office of Financial Management (based on indicators) and a national prevalence rate of 1.8% (Gollay). It is also based on the definition of developmental disabilities used in the federal Developmental Disabilities Assistance and Bill of Rights Act (P.L. 106-402). This is a larger group than those who meet the definition for eligibility used by the state Division of Developmental Disabilities, DSHS.

B. Environmental Factors Affecting Services

1. Economic Factors

Despite a generally healthy state economy, state spending continues to be limited by Initiative 601. Tax cut proposals may further decrease the state general fund, which provides funding for services to people with developmental disabilities. Initiative 695 reduced funding to local jurisdictions, impacting jobs and other services, especially in transportation and public health. Many rural areas continue to have high levels of unemployment and economic distress, with no signs of improvement. On the other hand, the Puget Sound region of the state has reached full employment and employers are looking for workers. This creates a window of opportunity for employment of people with developmental disabilities.

In 1996 Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act or “welfare reform.” Under the new system, adults in low-income families with children face increased work requirements and a five-year time limit on benefits over their lifetimes. However, the legislation allows states to exempt from the time limit 20% of those qualifying for assistance. At this time, individuals with developmental disabilities are not automatically exempted, but the state’s WorkFirst Program seeks to provide the supports they need in order to be employed. As the five-year time limit approaches, advocates will need to watch closely to see that the rights of individuals with disabilities to participate in the program and receive needed accommodations are upheld. There is also likely to be increased demand for community support programs such as the emergency food program. Studies suggest that people who have learning disabilities or other cognitive challenges find it difficult to understand and comply with the often-complicated program rules. Parents of children with disabilities face the challenge of finding a job and child care. Transportation is also critical to finding and sustaining employment.

2. Social Factors

Many social factors impact the climate in which advocates, agencies and organizations are working to improve the quality of life for people with developmental disabilities and their families. People with developmental disabilities are living longer. This means there are more people with developmental disabilities who are aging, many of whom are living with aging caregivers. This calls for a new set of services and supports, as people with developmental disabilities move into retirement and they and their caregivers are facing long-term care needs.

Increasing alcohol and drug abuse is leaving the state with more children with developmental disabilities, many with parents who are unprepared to care for them.

The population with developmental disabilities is going to include more people who are poor and non-white than it has in the past. This will present additional challenges to service providers to learn how to connect people with income assistance programs and how to provide services that are culturally sensitive and responsive.

Issues of abuse and neglect of people with developmental disabilities received considerable public attention in the past year. Advocates have been working to increase government and legislative attention to this issue. As a result there has been an increased effort in DSHS to complete background checks in a thorough and timely manner. The Council is requiring background checks for contractors and subcontractors. The Council has been working with the University Center for Excellence, P&A, and the Arc of Washington to address this issue in an effective and coordinated manner. They have developed a quality services platform, which includes requests for increased provider wages and training, and improved case management ratios, and the establishment of an Office of Ombudsman Services for people with developmental disabilities. Despite human service needs increasing in number and complexity, there continues to be a strong negative mood of Washington voters toward

government, social services, welfare, and entitlement programs. This presents an additional challenge to advocates.

3. Political Factors

Washington State voters will participate in elections in November. There will be changes in the state legislature. Advocates will need to develop relationships with new players and begin again the process of developing awareness of people with developmental disabilities and their families among legislators.

The Americans with Disabilities Act (ADA) is a major piece of civil rights legislation and continues to open doors for people with developmental disabilities. Better enforcement of the ADA may lead to more employers making workplace accommodations. Awareness of the ADA may lead more childcare providers and out-of-school time programs to include children and youth with disabilities.

Much activity has taken place in the state to implement Federal legislation related to employment. The Division of Vocational Rehabilitation and advocates are working at the state level to implement the federal Workforce Investment Act. The state is also working to implement federal Ticket to Work and Work Incentives Improvement Act allowing people with disabilities to retain medical coverage and decreasing disincentives to gainful employment. Coordination among agencies and organizations is critical to this effort, involving the Governor's Committee on Disability Issues and Employment, the WorkFirst program, the Employment Security Department, the Social Security Administration, vocational rehabilitation, mental health agencies, community colleges, employers, and advocates.

Although the Division of Developmental Disabilities (DDD) has received additional funding from the last three legislative sessions due to advocacy efforts, there are still many unmet needs. DDD still has the highest case management ratio in the nation. The Division has an 8% caseload growth per year and nearly 9,000 eligible people on the waiting list for services.

The Office of the Superintendent of Instruction (OSPI), school districts, parents and advocates across the state have been working to implement the Individuals with Disabilities Education Act (IDEA) 1997 Amendments, federal regulations (finalized March 12, 1999) and parallel state regulations. Maintaining compliance protections is one of Special Education-OSPI's major objectives.

4. Litigative Factors

Litigative factors include recent legal challenges to the ADA, lawsuits initiated within the state against the state mental health institutions, and the Department of Justice findings

regarding two state institutions for people with developmental disabilities. The Arc of Washington has filed a lawsuit against the State of Washington on behalf of people with developmental disabilities who have not received Medicaid-funded services with “reasonable promptness,” that is, within ninety days. The State and Arc have reached a settlement agreement. It has been sent to the judge for his decision to accept or reject. If the judge accepts the settlement, the information will be released to the public.

The state is developing a plan for responding to the Olmstead decision as required by the Health Care Financing Administration (HCFA). The state has recently lost several large lawsuits around foster care and child protective services, as well as developmental disabilities and mental health. This indicates funding and quality issues exist throughout the state social services system.

C. The State Service System

1. Self-Determination & System Reform

Self-determination means being able to make informed and meaningful choices involving life planning, living arrangements, education, career and leisure activities. Accurate and timely information about the system and options is critical to self-determination. Many people of color are not getting information about services and are not even getting on waiting lists. Program staff members need training in working with families of color and/or with limited English proficiency. As individuals and families gain more control of their support budgets, they will need training and support in recruiting and hiring (and firing) providers.

The DDD Strategies for the Future Stakeholder Workgroup has been meeting since June 1997 to develop proposals for developmental disabilities system reform based on choice and self-determination. This planning effort includes state and local governments, as well as self-advocates, providers and advocates. Their goal is that “DDD will restructure system administration and management to support an individual/family centered approach, with an emphasis on quality, access, responsiveness, efficient utilization of resources, and accountability.” They are developing a shared vision of self-determination, discussing the possibility of moving to an individual-budget based service system, and trying to identify the role of government in this new service delivery system. The Stakeholders had four subgroups: Choice, Employment and Day Programs, Individual and Family Supports, and Residential Services. The common interests that they have identified in the system reform process are: (1) enhancing self-esteem, (2) responsiveness to clients (3) improving quality of service (4) efficient/cost effective (5) why would other groups accept it? and (6) make it simple. They will spend the next three years reviewing implementation plans, pilots, and outcomes in an advisory or monitoring role.

2. Inclusion

Inclusion means people with developmental disabilities are part of “us” rather than “them.” Inclusive communities welcome the participation of all members. People with developmental disabilities need adequate, individualized, and culturally competent supports and services in order to achieve and sustain that participation. Inclusion requires changes in public attitudes toward people with developmental disabilities and a concerted effort to establish community, state, and national infrastructure needed to support people with developmental disabilities. Inclusive, welcoming communities foster a better quality of life for people with developmental disabilities. As natural supports evolve in inclusive settings, the result is cost savings in the service delivery system.

Policy makers need to remember that any issue that affects all people affects people with developmental disabilities. Public services need to be available and accessible to all citizens: public housing, public transportation, local park and recreation activities, educational opportunities, medical services and communication systems.

Employment for people with developmental disabilities is shifting from segregated, sheltered workshops to integrated, meaningful jobs. These jobs offer real wages and increased community connections and are often supported employment positions. Washington has been one of the most successful states in the nation in the numbers and percentage of individuals gainfully employed in jobs in communities.

Educational opportunities supporting integration and inclusion of children and youth with developmental disabilities are increasing. Special education is redefining itself in light of IDEA '97, education reform, and increased fiscal and programmatic scrutiny. Students with special needs are included in school buildings, and advocates are working toward inclusion in regular classrooms, the general curriculum, and state performance-based assessments. In some areas, enforcement of IDEA is a problem and parents must invoke formal complaint procedures and request due process hearings to obtain the services and supports their children are entitled under the law.

3. Quality & Safety

A service system committed to quality is the foundation for providing and receiving quality services. Quality means housing is integrated, safe and affordable; transportation is available, accessible - both physically and by location and schedule; recreation is available to all, not specialized and just for people with disabilities; medical support is available and affordable; and education is integrated, graduates students with a job, and supports children birth to three. Quality services are individualized, designed in relation to the unique strengths and needs of individuals and families, and responsive to cultural differences. Currently the most vulnerable people in the DDD service system are those who are not living with their immediate family, and rely on the services of individual providers. People of color and/or limited English proficiency who also have developmental disabilities face a double set of challenges. In addition to disability

challenges, they face language barriers, lack of sensitivity to cultural differences, and discrimination.

Safety is a critical component of quality. Quality and safety are issues for individuals with developmental disabilities and their families, in the programs in which they participate, and throughout the service system. Quality services are those that are delivered by adequately trained and paid providers, are culturally competent, and support the self-determination, independence, inclusion, integration and safety of individuals with developmental disabilities. They assist individuals to live free from abuse, neglect and sexual and financial exploitation.

The Agency Coordinated Council on Transportation is working on improving the quality of transportation services throughout the state. Two of OSPI's major objectives are to improve academic performance of students in special education and post-school performance.

4. Workforce

Personal assistants and others who support people with developmental disabilities and their families need to be able to earn a living wage with step raises for completion of training. A living wage is one that allows individuals and families to meet their basic needs without resorting to public assistance and provides some ability to deal with emergencies and plan ahead. It is not a poverty wage. A study by the Northwest Policy Center and the Northwest Federation of Community Organizations determined that a living wage in Washington State is \$10.25 per hour for a single adult (\$21,322 a year) and \$16.86 per hour for a single adult with two children (\$35,079 a year). These figures assume full time work on a year round basis. Currently people working in the service industry are among Washington's lowest paid workers and are not earning a living wage. Finding individual providers for respite care, Medicaid personal care or other individual services is often difficult.

The trend toward self-directed care is changing the role of personal care providers. There is concern that background checks, training requirements and licensing will decrease the number of available providers. If wages and supports can be increased along with requirements, the state will have a better-trained workforce with less turnover. The role of personal care providers is changing. There are increasing numbers of care providers who are people of color and/or speak languages other than English

The Special Education system has recognized the need for a well-trained workforce. They have implemented a professional development project for paraeducators. They have identified improving performance of personnel as one of their major objectives. School districts also need to address the unique needs of students and families from many cultural and ethnic backgrounds, some of whom speak primarily (or only) languages other than English.

5. Technology

Technology refers to the increased access to computers and other devices in the lives of all people. It also refers to the use of augmentative communication systems, positioning systems, powered mobility systems, and technical adaptations to work sites that support people with developmental disabilities.

The increase in home computers and Internet access has dramatically increased access to information. Nearly all state agencies and community organizations have web sites and electronic mail. The Internet also allows more access and exchange of information by agencies, organizations, and individuals throughout the United States and around the world. Washington State has developed an on-line resource directory (www.awrd.org). There has been an increase in medical/health services due to increased knowledge and technology. One example of this is telemedicine, which can bring specialists into rural areas via interactive television.

Advances in assistive technology have made it possible for people with developmental disabilities to express ideas and feelings, and let people know that they have things to say. This is key to self-determination, productivity, independence, and inclusion. Due to increases in the availability and capability of assistive technology, people who were once considered “unemployable” are now considered “employable.”

D. Community Services and Opportunities

Community services and opportunities for people with developmental disabilities and their families in Washington are many and varied, and both expanding and limited. Many communities are seeking creative ways to include people with developmental disabilities, in child care and out-of-school time programs, in employment in communities, in general education classrooms and curriculum, and in neighborhood and recreational activities.

Nevertheless, there continue to be many barriers due to lack of support services and funding. In order to participate in their communities, people with developmental disabilities and their families need both opportunities and supports and services. Transportation services are needed to get to work, church, homes of friends, shopping, and other community activities. Parents with developmental disabilities often need parent education and supports designed to meet their individual needs.

The Division of Developmental Disabilities (DDD) and the DDD Stakeholder Workgroup have been working to develop a model for system reform based on choice and self-determination. Funds are available for a few pilot projects to test components of the new model. But funds are woefully lacking for many basic services and supports, such as family support, transition, residential, and employment services. Current and

projected state and federal funds are not meeting the needs of people with developmental disabilities and their families. There is no effective mechanism in place to meet forecasted increases.

The Division of Developmental Disabilities, DSHS conducted a simulated audit of the Home and Community Based Waiver (HCBW) services. The simulated audit identified many areas of needed improvement and received media attention. The Center for Medicare and Medicaid Services (formerly the Health Care Finance Administration) is currently conducting a formal review of the program. They are planning to audit five out of the six state DSHS Regions. It is anticipated that there will be significant findings with serious budget implications. The Council will continue to receive and review reports of the Residential Habilitation Centers, or ICF (MR) s and HCBW for trend information, policy analysis, and related legislative advocacy.

The Joint Legislative Audit Review Committee will be studying the facilities and grounds now used as Residential Habilitation Centers, case management, and transition from school to work. Several of the state Residential Habilitation Centers are still under review by the Department of Justice.

See also Section C (3) Quality and Safety, and (5) Technology.

E. Waiting Lists

The Developmental Disabilities Assistance and Bill of Rights Act of 2000 (PL 106-402) includes a new requirement for Developmental Disabilities Councils (DDCs) in the development of State Plans. DDCs are required to report on “the number of individuals with developmental disabilities on waiting lists for services.” This section reflects the information that has been gathered to date. The Council will continue to gather and review information about waiting lists over the next five years.

The following lists the identified waiting lists and the number of people with developmental disabilities on those lists:

<u>Waiting List Name</u>	<u>Number</u>
Family Support, DDD, DSHS	4,964
Voluntary Placement Program, DDD, DSHS	23

The Division of Developmental Disabilities (DDD), DSHS maintains waiting lists for Family Support services and Voluntary Placement Program (VPP) services. The Family support waiting list has 4, 964 names on it as of July 17, 2001. The Legislature did not appropriate any new funds for the Family Support program in the biennial budget. Only “replacement” persons will be added during the biennium, so the wait list is expected to grow longer and the waiting time will be greater.

A waiting list for VPP (voluntary foster care) services has recently been established in response to the 2001-2003 legislative budget. Prior to this biennium the budget for VPP provided for caseload and per capita cost growth. The 2001-2003 budget does not provide funding for caseload growth and also limits the per capita expenditures for individual client services. It is therefore anticipated that the waiting list for VPP services will expand during the next biennium.

DDD is revising the policy manual for administration of the Community Alternative Program (CAP) waiver that will address the issue of wait list(s).

In December 2000 the DDD Stakeholder Workgroup (Addendum) estimated the following unmet service needs:

- An estimated 5,065 people need residential placement services; and
- An estimated 2,700 people need employment or day program services.

These estimates are based on DDDs annual 7.5% caseload growth. In order for services to be provided, case management must be in place to connect people and services. The Stakeholder Addendum also reports that, "Caseload growth has reached levels more than twice the national average, and it has occurred without a corresponding increase in case/resource management staff. Due to current caseload growth and stress factors, staff retention is becoming a serious problem." Washington State has the highest case manager to consumer ratio in the nation.

Agency representatives on the Council were asked for information about waiting lists. Aging and Adult Services Administration does not have waiting lists. People are being served. If there are people with developmental disabilities in nursing facilities that want to transition, there may be a wait to find the appropriate housing option, but there is no wait due to funding. The Division of Vocational Rehabilitation has had to initiate an "order of selection" process due to a lack of funding. Waiting lists may be developed for these services in the future. Medicaid laws do not allow waiting lists, so there are none maintained for Medicaid-funded services.

F. Unserved and Underserved Groups

1. Racial/Ethnic Unserved/Underserved Groups

- Asian: The Asian community faces extreme language barriers due to the number of different languages/dialects spoken. They are culturally sensitive about disabilities and are reluctant to seek services.
- Black/African American: The African American community faces higher rates of unemployment and single parent families, which results in lower median income. They often are reluctant to seek services from a mostly Caucasian service provider system.

- Hispanic/Latino: The Latino population face language barriers and lack of knowledge about services and how to access them. Undocumented people do not seek services for fear of being forced to leave the country.
- American Indian or Alaska Native: The American Indians face low employment rate, lack of access to services and sensitivities about disabilities and asking for assistance from agencies off the reservations.
- Native Hawaiian or other Pacific Islander: The newly immigrated Pacific Islanders face language barriers, sensitivities about disabilities, and are unfamiliar with service programs.
- Multicultural: The multicultural population faces sensitivity about disabilities, lack of knowledge about services systems and how to access them, and often conflicting cultural norms.

General Racial/Ethnic Barriers

Ethnic/multicultural groups have their own ways of viewing disabilities and treating those with developmental disabilities within their cultural heritage. They assign different cultural meanings to disabilities and may need different or more culturally sensitive services. Established ethnic groups face similar barriers of sensitivities to disabilities and reluctance to seek services outside their own groups. New immigrants lack connections in the community and have language barriers.

2. Other Unserved/Underserved Groups

- Aging caregivers – Aging caregivers face physical, health, and transportation issues that limit their access to services and supports. They also have unique needs for future planning and long-term care.
- Not eligible for DDD – People with developmental disabilities who meet the federal definition, but who are not eligible for services from the Division of Developmental Disabilities, DSHS, have limited options for services and supports.
- Aging people with DD – People with developmental disabilities who are aging have unique needs for future planning, health care, long-term care, and retirement options. Their changing physical and health conditions also limit access to services.
- DD and Mental Health – People with developmental disabilities who also need mental health services present a challenge to the service system. Coordination of specialties and service systems is required to provide appropriate services. Services provided by only one system are usually inappropriate and inadequate.

- DD and Dangerous – It is a challenge to provide adequate supervision for people with developmental disabilities who present protection issues for themselves and/or their communities. Developing adequate supports, services, policies and regulations requires dealing with expertise, workforce and funding issues.
- Parents who have DD – Parents who have developmental disabilities face, discrimination in communities and the service system. There is no statewide system to provide appropriate parent education opportunities and other ongoing supports to help prevent involvement with the child welfare system. There are additional challenges when the children also have developmental disabilities.
- Homeless/Runaway – People with developmental disabilities who are homeless or runaway present the challenges inherent in serving this population, which are compounded by developmental disabilities issues. There is a lack of comprehensive, ongoing services and supports.
- Fetal Alcohol Syndrome (FAS) – Children and adults with FAS and fetal alcohol effects present protection issues for themselves and their communities, as well as education, employment and justice system issues. They are often ineligible for state services, placing a heavier burden on their families, schools and communities.

General Unserved/Underserved Barriers

Living in a rural area compounds barriers to service. Access to services can be complicated and frustrating. Transportation is a critical factor. Public transportation is often limited or nonexistent. Rural areas often have difficulty recruiting and retaining service providers, thus limiting options in education, employment and health care. Individuals and families living in rural areas often have difficulty participating in regional public forums.

SECTION IV: GOALS AND PERFORMANCE TARGETS

CHILD CARE

The Issue and DDC Initiatives

Many parents of children and youth with developmental disabilities need assistance finding and keeping quality child care and in order to maintain employment. Children with challenging behaviors and those with special medical needs are particularly difficult to include. The Council has heard from many child care providers who are willing to include children and youth with developmental disabilities in their programs as long as adequate support is provided. The Council is working with state agencies, the child

care community, disability organizations, and parents to create a statewide system of supports for inclusive child care and out-of-school time programs including information, training, consultation, mentoring, and additional funding.

Goal

Children and families benefit from a range of inclusive, flexible child care options.

Partners

- Washington State Child Care Resource & Referral Network and local child care resource and referral programs
- Division of Child Care & Early Learning, DSHS
- Department of Health and local health jurisdictions
- Inclusive Child Care Subcommittee, Child Care Coordinating Committee
- School's Out Washington
- Child Care Works for Washington
- Disability community groups

Performance Target

CC1. Three positive legislative/executive actions occur on inclusive child care/out-of-school time programs, by the end of Year 5.

EDUCATION AND EARLY INTERVENTION

The Issue and DDC Initiatives

The DDC has heard from parents throughout the state that some school districts are not complying with the Individuals with Disabilities Education Act (IDEA) and that they are not responsive to parent involvement. The DDC has also identified a need for systems advocacy with policymakers to support and fund inclusion and federal funding of IDEA at 40%.

Goal

Students reach their educational goals. Infants and young children (birth to nine) reach their developmental potential.

Partners

- Washington Protection and Advocacy System
- Center on Human Development and Disability, University of Washington
- Family/Educator Partnership Project
- Parents are Vital in Education (PAVE)

- Washington State Special Education Coalition
- Office of Superintendent of Public Instruction and local school districts
- Special Education Advisory Council
- Developmental Disabilities Parent Coalitions
- Developmental Disabilities Community Advocacy Coalition
- The Children's Alliance
- Infant Toddler Early Intervention Program, DDD, DSHS
- State Interagency Coordinating Council for Infants and Toddlers with Disabilities and their Families (SICC)

Performance Targets

- ED1. ~~Twenty-four key state legislators (including House and Senate Education Committee chairs and members) will better understand the rights and responsibilities of students, families, school districts, and the state regarding special education, by the end of each State Plan Year. This will result in at least four legislative or policy actions that improve school district compliance with IDEA,~~ **500 parents/professionals statewide receive current, relevant special education information and 50 report using the information for advocacy with schools or policy makers, by the end of Year 5.** *(Special Education Advocacy Project)*
- ED2. The Council will support 30 school districts to better align program, placement and instructional options for students with developmental disabilities more closely with general education Essential Academic Learning Requirements (EALRs), by the end of Year 5. *(Special Education Advocacy Project)*
- ED3. The DDC will **notify 296 local school boards, disability & education organizations of the availability of** ~~review the OSPI Consolidated Program Review reports~~ **summaries, by the end of Year 4.** ~~disseminate information to parents, and make recommendations to OSPI and local school boards, by the end of each Plan Year.~~
- ED4. **DDC efforts result in improved/created education policies by** ~~The DDC will~~ **advocating** for implementation of recommendations of the Task Force on Behavioral Disability – Final Report by the end of Year 5.
- ED5. The DDC will collaborate with seven organizations and agencies to enact positive legislative/executive action on early intervention (children birth to nine), by the end of Year 5.

EMPLOYMENT

The Issue and DDC Initiatives

Adults with developmental disabilities continue to be unemployed, underemployed and lack job benefits. Current state programs have not made any significant strides in reducing the unemployment rate for adults with developmental disabilities over the last ten years. Passage of the federal Workforce Investment Act resulted in the state consolidating employment services into one-stop WorkSource Centers. Significant work needs to be done to make the Centers welcoming to people with developmental disabilities. Staff at the Centers needs training in working with people with developmental disabilities. They will need to work collaboratively with existing developmental disabilities employment networks, job developers, and state and local agencies to assist people in getting jobs. The Council plans to work with the Centers and other partners to improve their effectiveness in working with people with developmental disabilities and to advocate for meaningful/gainful employment, job retention, and advancement opportunities for adults with developmental disabilities.

Goal

Adults with developmental disabilities who want to work will have jobs.

Partners

- Employment Security Department, WorkSource Centers, and Local WorkSource Advisory Boards
- Division of Vocational Rehabilitation, Department of Social and Health Services (DSHS)
- Division of Developmental Disabilities, DSHS
- Developmental disabilities service providers
- Developmental disabilities advocacy groups
- Office of Superintendent of Public Instruction and local school districts
- Students with developmental disabilities and their parents
- Local community employers

Performance Targets

EM1. 75 adults with developmental disabilities get jobs that pay at least minimum wage through WorkSource Centers, by the end of Year 3. (*WorkSource Center Project*)

- EM2. The job retention rate of the 75 adults in EM1 is the same as that of the general population served by Worksource Centers, by the end of Year 5. (*WorkSource Center Project*)
- EM3. A list of the state and community resources for transition from school to work is available on an ongoing basis, by the end of Year 3.
- EM4. The DDC will have contracted with three non-profit organizations directed by people with disabilities, by the end of Year 3.
- EM 5. State policies, rules and regulation are changed to eliminate barriers to being employed at least at minimum wage, and keeping supports and services needed by adults with developmental disabilities, by the end of Year 5.

HEALTH

The Issue and DDC Initiatives

Many children and adults with developmental disabilities lack health insurance or have inadequate health insurance. The Council plans to identify barriers people face in accessing adequate health insurance. Advocacy efforts will be undertaken in order to eliminate barriers. The DDC will fund training for health care professionals, students of health care professions, people with developmental disabilities, family members, and developmental disabilities residential providers, in order to improve the quality of health care available to people with developmental disabilities.

Goal

All people are as healthy as they can and want to be and benefit from the full range of health services.

Partners

- Center on Human Development and Disability, University of Washington
- Department of Health
- Medical Assistance Administration, Department of Social and Health Services (DSHS)
- Aging and Adult Services Administration, DSHS
- Developmental Disabilities Community Advocacy Coalition
- Health care advocates
- Developmental Disabilities Parent Coalitions
- Office of the Insurance Commissioner
- Division of Developmental Disabilities, DSHS

Performance Targets

- HE1. Work with the State Insurance Commissioner to improve health insurance access for 5,000 people with developmental disabilities and their families, by the end of Year 5.
- HE2. The Council will **reduce** ~~better understand~~ four key barriers to people with developmental disabilities accessing adequate health care and insurance, by the end of Year ~~3~~ **5**.
- HE3. Support three legislative and administrative policies that improve access to health care and health insurance for people with developmental disabilities, by the end of Year 5.
- HE4. Health care professionals and students of health care professions will be better able to work with adults with developmental disabilities. People with developmental disabilities, family members, and developmental disabilities residential providers will better understand and improve interaction with health care systems. A total of 100 people, representing the different categories, will participate in training in each Plan Year. (*Health Care Professionals Training Project*)

HOUSING

The Issue and DDC Initiatives

Most people with development disabilities want to live independently, in a home they call their own. The reality is that safe, affordable, accessible and stable housing still remains out of reach for most, especially if they must rely on Supplemental Security Income (SSI) or a low-income job for their earnings. Over the last five years, through Council advocacy, over 450 people with developmental disabilities live in housing funded through the State Housing Trust Fund. The Council has promoted the Home of Your Own project and the Homechoice project with the State Housing Financing Commission.

Goal

People with developmental disabilities live where and with whom they want.

Partners

- Arc of Washington
- Washington State Housing Trust Fund
- Housing developers
- Low income housing advocates

Performance Targets

- HO1. \$5 million is in the Housing Trust Fund for housing for people with developmental disabilities, by the end of Year 2 and Year 4.
- HO2. 100 people with developmental disabilities and their families **access affordable housing by the end of Year 5, by knowing** more about the Housing Trust Fund, Section 8 vouchers/certificate programs, home ownership, and other service supports. ~~by the end of Year 3.~~
- HO3. The Council will work with other organizations to modify the state building code, in accordance with federal fair housing regulations, to increase accessibility of all new residential construction, by the end of Year **5**.
- HO4. 100 people with developmental disabilities, who are seeking rental housing, are educated on landlord-tenant law and Section 8 voucher/certificate programs by the end of Year 3.

OTHER SERVICES – FORMAL AND INFORMAL COMMUNITY SUPPORTS

The Issue and DDC Initiatives

The Developmental Disabilities Assistance and Bill of Rights Act says that integration and inclusion “means the full and active participation by individuals with developmental disabilities in the same community activities...and the utilization of the same community resources as citizens without disabilities.” Nonetheless people still encounter barriers due to lack of policy, lack of services and supports, isolation, and/or non-welcoming attitudes by the public, program managers and staff. Better integration and inclusion can occur through collaboration with local government, business and civic organizations.

Goal

Individuals have access to other services available or offered in a community, including formal and informal supports that improve their quality of life.

Partners

- Washington State Protection and Advocacy System
- Department of Transportation
- Agency Council on Coordinated Transportation
- Division of Developmental Disabilities, Department of Social and Health Services
- Developmental Disabilities Community Advocacy Coalition

- Arc of Washington
- Developmental Disabilities Parent Coalitions
- Self-advocates and family members
- Tribal Governments
- Local Governments
- Civic Organizations

Performance Targets

- CS1. Six communities, with preference given to those outside the metropolitan Puget Sound area, have more people with developmental disabilities and their families using the general services and programs they offer, by the end of Year 4, with two of the six communities selected to focus on access to transportation addressing issues outlined in the Special Transportation Needs Study.
(Inclusive Communities Project)
- CS2. 200 people with developmental disabilities and their families report that they are more integrated and included in community programs than before the project began, by the end of Year 4. *(Inclusive Communities Project)*
- CS3. The developmental disabilities service system is changed to one based on self-determination with services provided in a culturally appropriate manner, **by improving/creating policies**, by the end of Year 5. *(Family Supports Project and other efforts)*
- CS4.** The capacity for advocacy is increased to ensure funding in the state budget to serve the unserved, create developmental disability provider workforce stability, **support the on-going development of the Developmental Disabilities Endowment Trust Fund**, and to address the other budget and policy need facing those with developmental disabilities and their families. **\$50 million is leveraged for quality assurance**, by the end of Year 5.
(Advocacy Partnership Project)
- CS5. The capacity of the state service system is increased by developing policy recommendations and tracking data to support individuals and families experiencing system change, those with complex needs, and those who have mental health challenges, by the end of Year 5. Those with complex needs include people with developmental disabilities who are aging, dangerous to themselves or others, medically fragile, parents, and/or abused, neglected, and/or exploited. **4 policy recommendations are developed by the end of Year 5.**
(Policy papers funded at \$30,000 per year, if needed.)

QUALITY ASSURANCE (QA)

The Issue and DDC Initiatives

Quality assurance is a critical issue for people with developmental disabilities and their families in the programs in which they participate, and throughout the service system. Quality assurance means individuals live free from abuse, neglect and sexual and financial exploitation.

Self-Determination and Self-Advocacy are critical to quality assurance. People with developmental disabilities are more active in civic life and are promoting principles of self-determination. However, the voice the self-advocates has not been as strong as it should be in the public policy process where policy and budget decisions are made that directly impact their lives. With the support of the Council, self-advocates are becoming more actively engaged in the public policy process at the state and local levels. Self-advocates are coming together in a coalition group to form their own legislative agenda and speak out on issues of importance to them. The Council is supporting a move to change the developmental disabilities service delivery system to one based on self-determination, choice, control, and flexibility that meet the needs of individuals with developmental disabilities and their families.

Council development is part of the Council's quality assurance agenda. Providing resources for all Council members to become leaders will help move the developmental disabilities service system and generic community services to be safe, high quality and demonstrating values of self-determination and self-advocacy.

Goal 1

People have the information, skills, opportunities, and support to live free from abuse, neglect, financial and sexual exploitation, and violation of their human and legal rights and the inappropriate use of restraints or seclusion.

Objective 1 – Quality Assurance (QA)

Increase the quality of services used by individuals with developmental disabilities and their families.

Partners

- Washington State Protection and Advocacy System
- Developmental Disabilities Community Advocacy Coalition
- Arc of Washington
- Developmental Disabilities Parent Coalitions
- Long Term Care and other state ombudsman programs

Performance Target – Quality Assurance (QA)

- QA1.** Establish a system of quality assurance and consumer protections, ~~including an Office of Public Advocacy~~ **including 2 positive legislative or executive actions** for people with developmental disabilities, by the end of Year 5.
- QA2.** **Increase the inclusion of 25 people with developmental disabilities moving to/from hospital/institutional/nursing facilities through linking those moving with self-advocate mentors in the local community, by the end of Year 4.**

Objective 2 – Self-Determination (SD)

People with developmental disabilities have control, choice, and flexibility in the services and supports they receive.

Partners

- Washington State Protection and Advocacy System
- Center on Human Development and Disability, University of Washington
- Arc of Washington
- Developmental Disabilities Community Advocacy Coalition
- Division of Developmental Disabilities, Department of Social and Health Services (DSHS)
- Developmental Disabilities Parent Coalitions
- Self-Advocates in Leadership (SAIL) Coalition
- Developmental disabilities advocates

Performance Targets – Self-Determination (SD)

- SD1. DDC maintains or expands advocacy efforts related to self-determination and system advocacy, by the end of each State Plan Year.
(Advocacy Partnership Project)
- SD 2. 300 unduplicated self-advocates and 200 unduplicated family members identify issues that are important to them and participate in systems advocacy, by the end of each State Plan Year.
(Advocacy Partnership Project, Self-Advocates Initiative Project)
- SD3. 25 self-advocates will work together to create a stronger voice in the state legislature and public policy process; **the number of self-advocates participating in the Self-Advocates in Leadership (SAIL) Coalition will increase by 12**, by the end of each State Plan Year. *(SAIL Coalition)*

- SD4. At least 200 self-advocates unfamiliar with self-determination will become more familiar with basic principles of self-determination in their lives, by the end of Year 3. (*Self-Determination Training Project*)
- SD5. Forty family members and other community members are more effective leaders and system advocates, by the end of Year 3. (*Leadership Project*)
- SD6. Thirty individuals with developmental disabilities have attained membership on public and/or private non-profit boards, by the end of Year 3.

Objective 3 – Council Development (CD)

The Council and its members will be leaders in the developmental disabilities movement at the local, state and national levels.

Performance Target – Council Development (CD)

- CD1. **21** Council members have the training and technical assistance they need to be leaders, throughout each State Plan Year.

Goal 2 – Self-Advocacy (SA)

Establish or strengthen a program for the direct funding of a state self-advocacy organization led by individuals with developmental disabilities. (PL106-104)

Partners

- Washington State Protection and Advocacy System
- Center on Human Development and Disability, University of Washington
- Arc of Washington
- Developmental Disabilities Community Advocacy Coalition
- Division of Developmental Disabilities, Department of Social and Health Services (DSHS)
- Developmental Disabilities Parent Coalitions
- Self-Advocates in Leadership (SAIL) Coalition
- Developmental disabilities advocates

Goal 2 Performance Target

- SA1. The Council will engage in activities to establish or strengthen a program for the direct funding of a state self-advocacy organization(s) led by individuals with developmental disabilities:
- Explore what is needed, by the end of Year 1; and
 - Establish or strengthen a program, by the end of each Year 2 through 5.

Goal 3 – Self-Advocacy (SA)

Support opportunities for individuals with developmental disabilities who are considered leaders to provide leadership training to individuals with developmental disabilities who may become leaders. (PL 106-402)

Partners

- Washington State Protection and Advocacy System
- Center on Human Development and Disability, University of Washington
- Arc of Washington
- Developmental Disabilities Community Advocacy Coalition
- Division of Developmental Disabilities, Department of Social and Health Services (DSHS)
- Developmental Disabilities Parent Coalitions
- Self-Advocates in Leadership (SAIL) Coalition
- Developmental disabilities advocates

Goal 3 Performance Targets – Self-Advocacy (SA)

SA2. Individuals with developmental disabilities will be trained as trainers in leadership and mentoring skills:

- 12 individuals trained, by the end of Year 1;
- 13 additional individuals trained, by the end of Year 2;
- 15 additional individuals trained by the end of Year 3; and
- 15 additional individuals trained by the end of Year 4.

(Leadership and Self-Determination Training Projects)

SA3. Individuals with developmental disabilities who have been trained as trainers in leadership skills (SA 2) are mentoring potential leaders with developmental disabilities:

- 10 individuals have trained and mentored 10 potential leaders, by the end of Year 3; and
- 10 additional individuals have trained and mentored 10 additional potential leaders, by the end of Year 5.

(Leadership and Self-Determination Training Projects)

Goal 4 – Self-Advocacy (SA)

Support and expand participation of individuals with developmental disabilities in cross-disability and culturally diverse leadership coalitions. (PL106-402)

Partners

- Governor's Committee on Disability Issues & Employment
- Self-Advocates in Leadership (SAIL) Coalition

Goal 4 Performance Target – Self-Advocacy (SA)

SA4. Twelve Individuals with developmental disabilities are supported to participate in a cross-disability and culturally diverse leadership coalition by the end of each State Plan Year. (*Youth Leadership Forum – Governor’s Committee on Disability Issues & Employment, SAIL Coalition*)

TRANSPORTATION

The Issue and DDC Initiatives

Transportation (and gridlock) is a priority issue for Washington State. The passage of Initiatives 601 and 695 cut state funds available for transportation. Policymakers and the public are struggling between using limited funds for roads or for multimodal transportation. For people with developmental disabilities, public transportation is necessary for community inclusion. Public busses and accessible vans are the very lifelines that lead to productive and independent lives – travelling to work, grocery stores, church, friends, and recreation. Rural areas, particularly, lack adequate transportation options.

Goal

People with developmental disabilities and their families have transportation services for work, school, health, and personal needs

Partners

- Department of Transportation
- Agency Council on Coordinated Transportation
- Developmental Disabilities Community Advocacy Coalition
- Arc of Washington
- Developmental Disabilities Parent Coalition
- Self-Advocates and family members

Performance Target

T1. Access to and use of transportation is improved for at least 70 people by addressing the recommendations of the 2000 Special Transportation Needs Study by the end of Year 4.

SECTION V: PROJECTED COUNCIL BUDGET

Projected Council Budget FFY 2004

	Category	Part B	Other \$	Total
1.	Employment	95,878	12,500	108,378
2.	Housing	68,188	15,000	83,188
3.	Health	44,094	2,500	46,594
4.	Education & Early Intervention	64,942	6,660	71,602
5.	Child Care	0	0	0
6.	Recreation	0	0	0
7.	Transportation	54,399	7,500	61,899
8.	Quality Assurance	324,975	150,000	474,975
9.	Community Supports	163,244	40,500	203,744
10.	General Management	299,584	0	299,584
11.	Functions of the DSA	50,000	134,606	184,606
12.	TOTAL	1,165,304	369,266	1,534,570

Note: Cost categories (Part B) – Areas of Emphasis, General and DSA Functions

Other includes estimated match.

SECTION VI: PUBLIC REVIEW OF THE PLAN

The public was invited to participate in setting the priorities for the FFY 2001-2003 DDC State Plan through a survey was sent to people with developmental disabilities, family members, service providers, advocates and other interested parties. Approximately 2073 surveys were distributed. In addition some people requested copies of the survey via the Council web site and some people reprinted the survey and distributed additional copies. Four hundred fourteen responses were received in the Council office. The results of the survey were tabulated and the top priority areas were concerns/issues regarding employment, provider training and wages, housing, and residential services.

In addition, a post card was mailed out to the Council's interested party mailing list of individual names and organizations letting them know the draft Plan was available upon request for a public comment and review period of 45 days. Over fifty copies of the draft Plan were mailed to people responding to the post card. Two individual letters providing comments were received and presented to Council Workgroups for consideration and response. The recommendations from the Workgroups were presented at the full Council meeting and were included in the final FFY 2001-2003 Plan.

In accordance with the reauthorized Developmental Disabilities and Bill of Rights Act (PL 106-402) of 2000, the Council revised the FFY 2001-2003 State Plan to create the FFY 2002-2006 State Plan. The revised plan was distributed for public comment in the same manner as the original Plan. Fourteen copies of the draft Plan were mailed out to people responding to the post card. No public comments were received.

SECTION VII: EVALUATION PLAN

The Council, its workgroups and committees will monitor and evaluate the implementation of the Plan on an ongoing basis and formally on at least an annual basis. The Council Planning and Public Policy Committee, in accordance with the Council Charter, has developed a Council “Big Picture Work Plan.” This tracking document charts the monthly progress of the milestones and activities of the Council’s activities, contracts and projects. On a regular basis, Council staff presents project status and/or final reports at workgroup and full Council meetings. Council staff works with contractors to develop outcome-based contracts, provide technical assistance and conduct compliance monitoring to assure contractors are achieving the desired outcomes identified in the State Plan. The Executive Director at each Council meeting (five times a year) presents a report of staff activities to document progress toward achieving Council goals and performance targets.

APPENDIX

MATERIALS REVIEWED FOR DEVELOPMENT OF THE PLAN

Developmental Disabilities

Americans with Developmental Disabilities: Policy Directions for the States. Report on the Task Force on Developmental Disabilities, Barbara Wright, et al, National Conference of State Legislators, February 1991.

Collaborating for Inclusion, President's Committee on Mental Retardation, 1995 Report to the President, US Department of Health and Human Services.

Forging a New Era: The 1990's Report on People with Developmental Disabilities, National Association of Developmental Disabilities Councils, May 1990

Progress Report, University Affiliated Program, Center on Human Development and Disability, University of Washington, July 1, 1998 – December 31, 1998.

The State of the States in Developmental Disabilities (Washington State section), Fifth Edition, David Braddock, et al, Department of Disability and Human Development, University of Illinois at Chicago, no date.

Washington Developmental Disabilities Council
Annual Program Performance Reports, FFY 1996, 1997, 1998 and 1999
Council Funded Projects: Investments, Accomplishments and Outcomes: Three Year State Plan FFY 1995-1997, May 1997.
1997 State Plan Amendment

Working Coalitions: A Model. Susan Ames Zierman, National Association of Developmental Disabilities Councils, November 1990.

Strategic Planning

Strategic Planning: The Outcome Approach. Harold S. Williams, The Rensselaerville Institute, no date.

Self-Determination

DD Issues 1999: What are the Issues of Importance for People with Developmental Disabilities? What Happened last Session? What will the Future Hold? DDC and the Arc of Washington

Memorandum re: Project Leadership, Madeline Will, Community Options, et al, February 16, 2000.

Project Leadership, Conference Call Notes, February 22, 2000.

Strategies for the Future Long-Range Plan Report Phase 1: 1999-2000. Division of Developmental Disabilities, DSHS, December 1, 1998,

Strategies for the Future Stakeholder Workgroup Minutes, Division of Developmental Disabilities, DSHS, December 9-10, 1999; January 6, 2000; January 29-30, 2000; February 4, 2000; March 16-17, 2000; April 6-7, 2000; May 4-5, 2000.

Strategies for the Future Long-Range Plan Report Phase 2: 2001-2003. Division of Developmental Disabilities, DSHS, December 1, 2000.

Strategies for the Future Long-Range Plan Report Phase 2: 2001-2003 (Addendum). Stakeholder Workgroup Members. December 1, 2000

Community Supports

Education and Support for Parenting for Parents with Developmental Disabilities, Harbor Alternate Living Association, Aberdeen, Washington, March 1993.

Division of Developmental Disabilities Program Status Report, January 2000.

Family Connections: A Family Support Project, Families Making Communities, Book 3: Sharing Our Stories, Sharing Our Lives. Carol Doehner O'Reilly, Family Connections Project, Interdisciplinary Human Development Institute, University Affiliated Program, University of Kentucky, Lexington, Kentucky, June 1995.

Family Support Task Force Final Report, Division of Developmental Disabilities, DSHS, December 1999.

Homeless Families with Children Receiving Welfare Assistance in Washington State, Aaron Lowin, Research Data Analysis, Management Services Administration, DSHS, no date.

"Little Known Program Failing to Protect the Disabled" Kim Barker, Seattle Times, October 24, 1999.

Profile of Disability among AFDC Families, Policy and Research Report, The Urban Institute (www.urban.org), Summer-Fall 1996.

Recent Studies Make Clear That Many Parents Who are Current or Former Welfare Recipients have Disabilities and other Medical Conditions, Eileen P. Sweeny, Center of Budget and Policy Priorities (www.cbpp.org), Washington DC, February 2000.

Serving Welfare Recipients with Disabilities, Fredrica D. Kramer, Welfare Information Network (www.welfareinfo.org), no date.

State Welfare-to-Work Policies for People with Disabilities: Changes Since Welfare Reform (Executive Summary), Terri S. Thompson, et al, The Urban Institute (www.urban.org), 1999.

"Supporting Our Most Vulnerable Citizens." Ed Holen and Sue Elliot, Seattle Times, December 123, 1999.

The Cost of Protecting Vulnerable Children: Understanding Federal, State and Local Child Welfare Spending, Rob Green, et al, The Urban Institute (www.urban.org), Washington DC, 1999.

The Effects of Welfare Reform on Child Care for Children with Special Health Care Needs, Julianne O'Brien, Master of Nursing Program, University of Washington, 1999.

The Real Facts of Life for Children of Color in Washington State, Human Services Policy Center (University of Washington) and Children's Alliance, June 2000.

WorkFirst Performance Report, Fiscal Year 2000, Ken Miller, Report Number 10, May 11, 2000.

Education

Back to School on Civil Rights, National Coalition on Disability (www.ncd.gov), January 25, 2000.

Biennial Performance Report for [Individuals with Disabilities Education Act] Part B, FY 1997-1998 and FY 1998-1999, State Special Education, Office of Superintendent of Public Instruction, December 1999.

Post-School Status Report 1999 Special Education Graduates, The Center for Change in Transition Services, College of Education, University of Washington, May 2000.

Seventh Annual Report of Special Education Services in Washington, Office of Superintendent of Public Instruction, October 1999.

Sixth Annual Report of Special Education Services in Washington, Office of Superintendent of Public Instruction, December 1998.

Employment

Doing It Better: Better Practices in Employment for a State/County/Provincial Department of Mental Retardation/Developmental Disabilities – To Fund, Support and Monitor. Joe Marrone, Institute for Community Inclusion (UAP), Children's Hospital, Boston, Massachusetts, December 1996.

Fact Sheet: Ticket to Work and Work Incentives Improvement Act of 1999, Social Security Administration, December 1999.

Joint Report on Supported Employment, Department of Personnel and Department of Social and Health Services, Fall 1996.

Memorandum re: Proposed Standard for Workforce Development Services/One-Stop Career Centers, Paul Andrew, Employment and Community Services Division, March 2000.

Rehabilitation Council Annual Reports, Rehabilitation Council of Washington, December 1998 and 1999.

Searching for Work that Pays, Northwest Policy Center and Northwest Federation of Community Organizations ([http://depts.washington.edu/npcbox/choose "publications"](http://depts.washington.edu/npcbox/choosepublications)), January 1999.

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White Paper of Individual Supported Employment. Washington Initiative for Supported Employment, September 1998.

Health Care

Disability in Washington State (Final Draft), Department of Health, 2000.

Families and their Children with Special Health Care Needs: An Orientation for Providers. Lynn Ray, Department of Health, Department of Family and Community Health, Office of Children with Special Health Care Needs, 1996.

Healthy Options Member Survey Results for Survey Conducted in 1997, Medicaid Managed Care Program, December 1998.

1998 and 1999 Washington State Medicaid Client Satisfaction Survey, Medical Assistance Administration, DSHS, April 1998 and April 1999.

Personal Communication:

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Chris Imhoff, Mental Health Division, DSHS, memorandum, April 13, 2000

Diana McMaster, Medical Assistance Administration, DSHS, telephone, April 17, 2000.

George Zimmerman, Department of Health, electronic mail, April 27, 2000.

Satisfaction with Outpatient Mental Health Services – Statewide Sampling Based Outcome Study, Mental Health Division, DSHS, October 1999.

The State of Washington's Children, School of Public Health and Community Medicine, University of Washington, Spring 2000.

Voices of Disability: Access to Health Care in Rural America, University of Washington, Center for Disability Policy and Research, Department of Health Services, School of Public Health and Community Medicine, November 1995.

Web Sites Reviewed

Access Washington: Washington State Government Information & Services
<http://access.wa.gov>

Access Washington Resource Directory
www.awrd.org

Children's Administration, DSHS
www.wa.gov/dshs/ca/ca2hp.html

Department of Health
www.doh.wa.gov

Department of Social and Health Services (DSHS)
www.wa.gov/dshs

Division of Developmental Disabilities, DSHS
www.wa.gov/dshs/ddd

Division of Vocational Rehabilitation, DSHS
www.wa.gov/dvr

Health and Rehabilitative Services Administration, DSHS
www.wa.gov/dshs/hrsa

Office of Superintendent of Public Instruction
www.k12.wa.us

Special Education Advisory Council
www.k12.wa.us/specialed/seac

University Affiliated Program, Center on Human Development and Disability, University of Washington
<http://depts.washington.edu/chdd/UAP/UAP1.html>

Washington Assistive Technology Alliance
www.wata.org

Washington Protection and Advocacy System
www.halcyon.com/wpas

WorkFirst Program
www.wa.gov/WORKFIRST

Washington State Special Education Coalition
www.wssec.org

PUBLIC COMMENTS RECEIVED

Susan Atkins
Parent to Parent State Coordinator

I am please to see that inclusion of people with DD is a priority. I am also glad to see the DDC work on inclusion in schools – through IDEA.

I would like to see the DDC include advocating with parks departments – community centers to take existing programs and with resources here and then staff to include kids and adults with disabilities in their programs – not create new “segregated” programs, as after school and summer programs for kids are in great demand.

I am glad the DDC is working on child care - respite issues, hopefully with the DDD Division to help with local community daycare and providers to “include kids with special

needs in existing daycare, preschools, homes. As you know good, affordable child care – respite is also of critical need.

I would like to see how we can use the existing Parent to Parent network of 1000's (over 11,000 on our mailing list) of families around the state to provide more support – training – leadership development, etc.

James Tucker, CSW
Program Consultant
Residential Resources

Thank you for extending the opportunity to provide feedback and suggestions regarding the next state plan. After reading the draft, I was impressed with the plan's scope and the effort that has apparently been put into the proposal. I do have the following suggestions for the council to consider.

Regarding Education: That a target be created to address the needs of aging children (approximate ages 15-21) who are in academic settings and are unlikely to enter into traditional work and independent living roles. In our area, there is multi-system concern and uncertainty about how to best serve these individuals.

Regarding Employment: Clarification of the term employment and development of evaluation criterion based on the definition. "Meaningful Employment" (as determined by the employee) may be a term for consideration. In our experience, typical jobs held by those with developmental disabilities are rarely satisfying to the individual and do not appear to have opportunity for advancement.

To make retirement plans (for employees with developmental disabilities) exempt from DSHS and SSA asset formulas. Currently, retirement plans are viewed as assets that can reduce or eliminate Medicaid and SSI benefits for our clients. This practice undermines the incentive for individuals to work increasing hours and prepare for their own care as they age. This serves to maintain institutionalized dependency for our clients and promotes our State's longitudinal obligation to provide for the care of our disabled citizens. As such, this policy should be viewed as a double-message to clients who are encouraged to move toward self-sufficiency.

